

**EXHIBIT C**

**UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEW HAMPSHIRE**

Stephanie Price, <i>et al.</i> ,	)	
	Plaintiffs,	)
v.	)	Case No. 3:21-cv-00025
	)	
Commissioner, currently Lori Shibinette	)	
in her official capacity as Commissioner of	)	
the New Hampshire Department of Health	)	
and Human Services, <i>et al.</i> ,	)	
	Defendants.	)

**DECLARATION OF KATHLEEN BATES  
IN SUPPORT OF PLAINTIFFS' MOTION FOR CLASS CERTIFICATION**

I, Kathleen Bates, declare as follows:

1. I am one of the Plaintiffs in this matter. I respectfully submit this declaration in support of Plaintiffs' Motion for Class Certification. I have personal knowledge of the facts set forth in this declaration and could testify competently to them if called upon to do so.
2. I am 61 years old. I live in Somersworth, New Hampshire.
3. I live alone in a two-bedroom home in the community. I use one of my bedrooms as an office, though my office also has a bed in it. The home is very open and bright, with everything I need on one floor. (I do also have an attic and a cellar though I do not access them). My house is very accessible. My bathroom has a roll in shower. In my home, I am able to be very independent. I can get myself some food, a drink, or do a project for work.
4. Because I have this home office, I can do part-time work for the University of New Hampshire Institute on Disability. As part of that work, I train doctors and nurses about how to work with people with disabilities like me. I also train the Granite State YMCA about how to make its programs more available to people with disabilities.

5. I have disabilities that lead me to need assistance with many everyday activities in order to keep myself healthy and safe. I have cerebral palsy and am a quadriplegic. I have osteoporosis, scoliosis, and left hip dysplasia. I have some use of my right arm but lack fine motor function in my left arm.
6. To get around, I use a power wheelchair.
7. I have been enrolled in the Choices for Independence (CFI) Waiver program since about 1992.
8. I require assistance with activities of daily living, including:
  - a. Full assistance transferring from my bed to my wheelchair and to the toilet, and back again.
  - b. Full assistance positioning myself in my wheelchair.
  - c. Full assistance positioning myself in my bed for sleep.
  - d. Bathing my feet, hair, and back.
  - e. Full assistance with dressing in the morning and undressing when I go to bed. I also need assistance getting clothes up and down for toileting.
  - f. I need help when I use the toilet.
  - g. To drink liquids, I either use a straw or else I have a lightweight cup. When I eat, I can pick up food like a sandwich, wrap, fruit, or a granola bar. But when I eat food like chicken, my support worker cuts up my food into bite size pieces.
  - h. Full assistance driving to any appointment. I own a van but do not drive it.
9. I limit liquids during the day because I do not want to have an accident if I need to use the toilet when I do not have a home care worker available in my home. For instance, I may have just a few swallows of a liquid with my lunch.

10. I enrolled in the CFI Waiver program so that I could get the services I need to remain in the community, rather than being forced to live in a nursing facility in order to receive the assistance I need to stay healthy and safe.
11. I am a Medicaid recipient. As my income is limited, I could not afford to pay for these services on my own.
12. It is very important for me to be able to live in the community. I enjoy living in my residential neighborhood. From about April to October, when the weather is nice, I go on my own to the Walmart nearby for shopping. Otherwise I get help from my brother or a caregiver to shop for me. My family lives in the area and each Sunday they pick me up for dinner at a home or other location. My family also picks me up to watch my nephew's sports games. I also like my neighborhood because the powerlines are buried underground, so I like looking at the sky without any powerlines in the way.
13. I know my neighbors and they know me. My neighbors are here for me and look out for me. My neighbors and I talk about gardening and my neighbor helps get the bugs off my plants.
14. In order to continue to safely live in the community, I have been determined to need CFI personal care services for 7 hours a day. But I do not have CFI workers available to fill all of those hours.
15. When I do not receive my CFI Waiver services as I am supposed to, I cannot get out of bed, get dressed, go to the bathroom, or take a shower. I can eat only items like a granola bar or fruit, and only if I happen to have that item of food handy.

16. There have been times when a CFI provider failed to visit or quit unexpectedly. This is very stressful for me. I spend my own time trying to recruit my own caregivers – I wish I did not have to work at that constantly.
17. When a CFI Waiver home care provider does not provide my authorized CFI Waiver services, I try to call family or friends to assist me. My sister-in-law or my friend Robin may be able to help me. But my sister-in-law and friend Robin have jobs and other responsibilities.
18. If my CFI worker does not let me know when they are not coming, it is impossible for me to arrange coverage on short notice. I live in fear that hours could go by without the help that I need.
19. If I do not receive the appropriate amount of care that I am authorized to receive under the CFI Waiver Program, I am afraid that I could deteriorate medically, go into a hospital, and/or be forced to reside in a nursing facility in order to get the care I need to survive.
20. I do not want to be forced to live in a nursing facility. I do not trust the care I would receive in a nursing facility because I know that many people are treated poorly in nursing facilities. I refuse to be treated that way and I want to receive services in my own home.
21. I want to continue residing in the community and do not want to go into a nursing facility.
22. I am entitled to receive my CFI services in my home to avoid having to go to a nursing facility.
23. If I got all of the CFI services that I am supposed to, I know that I could safely stay in my home and manage my conditions.
24. Due to my strong feelings that I and others like me should be able to remain in the community, I agreed to be a named plaintiff in this lawsuit. I understand that the lawsuit

was filed to make sure that people like me who are enrolled in the CFI Waiver program will get the help they need to remain in the community.

25. I want to help other people like me to get the CFI services to which they are entitled so they can avoid being forced to move into a nursing facility to get the care they need when the services are not delivered in the community as they are supposed to be.
26. My attorney explained to me my responsibilities as a class representative, and I am willing to undertake these responsibilities.
27. I expect to testify at a deposition in connection with this case.
28. I provided documents and information in response to Defendants' written discovery requests on a number of occasions this year. I also answered interrogatory questions, twice.
29. I understand that as class representative: (a) I have the responsibility to see that the lawyers prosecute the case on behalf of the entire class, not just myself; (b) I may have to testify at a deposition and/or trial and provide documents and information for use in the case; and (c) the Court must approve any settlement of this case as a class action.

Pursuant to 28 U.S.C. §1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed on: August 17, 2022

By: /s/ *Kathleen F. Bates*  
Kathleen Bates